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The Meaning of Hope for the Rural Dwelling Male who has Colon Cancer

Vickie C. Graves

THE MEANING OF HOPE FOR THE RURAL DWELLING MALE WHO HAS COLON CANCER

by

Vickie C. Graves
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This thesis, submitted by Vickie Graves in partial fulfillment of the requirements for the Degree of Master of Science from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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ABSTRACT

Hope has been recognized as a valuable inner resource for persons with chronic or life threatening illnesses. Cancer patients have described their feelings of frustration and discouragement related to communication by nurses that has hindered or caused them to lose hope. Other cancer patients have described how nurses have communicated in ways that have fostered hope. It is fostering realistic hope that is the difficult issue.

Research is lacking as to how cancer patients define hope, and there are no studies that address the concept of hope as it relates to the rural male living with colon cancer. Understanding what hope means to the rural male who has cancer may help nurses to better communicate realistic hope to this population, without hindering hope.

The purpose of this phenomenological study was to explore and describe the perceptions and experiences of rural male cancer patients, specifically in relation to hope. Further, it explored their perceptions and experiences of communication methods that nurses have used to promote or dissuade hope. This study provides a basis for nurses to gain insight into the rural male patients' perceptions of hope. Thus, it will enable them to adapt their communication and health care methods to better meet the needs of these patients.

Using a qualitative phenomenological research design, four male colon cancer patients living in a rural community, and currently being treated for their cancer were interviewed using semi-structured face-to-face audio taped interviews. The interviews were conducted in an outpatient cancer center located in Northwest Minnesota. The age

range of participants was 40 to 85 years. Findings provide a more thorough understanding of what hope means to the rural male who has colon cancer and are expected to provide better insight for the nurses who care for these patients and guide them in the daily challenge of communicating hope to these patients. Participants described what hope means to them, what gives them hope, and how nurses can communicate realistic hope.

CHAPTER I

INTRODUCTION

Hope is a concept that has a unique and personal meaning for each person, and it is a critical component in the life of an individual who is dealing with a chronic or life-threatening illness. More than an emotion, hope is a fundamental life principle that goes beyond a cognitive attitude. It is "experienced at the physical level as a connected energy with the future" (Barry, 1996, p. 63). Hope can be for a long-term outcome, or for an immediate outcome, as with a patient who hopes for decreased pain, greater independence, peace of mind, or for a peaceful death. Studies have recognized hope as an important component, especially during times of loss, suffering, and uncertainty (Herth, 1995). There are scientists who suggest that a hopeful outlook and a positive attitude help people feel better, and according to Gates and Fink (1997), there are even some physicians who believe that hope may help the body adjust better to cancer.

For the cancer patient being treated with chemotherapy, hope can be a "positive and necessary aspect of human life that is a future-oriented, motivating factor" (Brumbach, as stated in Kulig, 2004, p. 3). Herth (1995) suggests that hope is essential for enhancing the quality of life, and enhancing quality of life should be one of the main goals for nurses who care for cancer patients. Hope is associated with physical and mental well being, and cancer patients have identified hope as one of the most important pieces of the cancer journey (Herth, 2004).

Nurses are in a position to facilitate hope as well as communicate hope to the people they care for, and are privileged to be personal witnesses of great courage as people live through their health/illness experiences; it is these nurses who need to recognize the significance of fostering and maintaining hope for individuals in need of nursing care (Ronaldson, 1999). Communicating hope to cancer patients who are receiving chemotherapy treatments can be a challenge, and nurses as well as their patients are keenly aware of the possible outcome which may include disability, disfigurement, or death. Without an understanding of what hope means to the cancer patient, and what engenders hope, it is difficult to communicate this valuable component of the cancer experience.

It is estimated that "9.6 million Americans, or 3.4% of the entire population, were living with a history of cancer on January 1, 2000" (Perkins & Bushhouse, 2000, p. 2) According to the Centers for Disease Control and Prevention (CDC), Colorectal cancer is the "second leading cause of cancer-related deaths in the United States, and is the third most common cancer in both men and women" (2004, p. 1) The rural male cancer patient who has been diagnosed with colon cancer faces several challenges including long travel distances for treatment, provider and nursing shortages, and lack of public transportation. In addition, the rural male is an understudied population. For these reasons, research is needed to explore the meaning of hope for rural males with colon cancer, thus providing greater insight for nurses on how to effectively communicate hope to this population.

Background and Significance

Hope has been recognized as a valuable inner resource for persons with chronic or life threatening illnesses (Duggleby & Wright, 2004). It is fostering realistic hope that is the difficult issue. "There is a delicate balance between fostering realistic hope and unethically creating unrealistic expectations of longevity. Furthermore, hope is a "broad concept that can hold different meanings for each individual" (Hagerty et al., 2005, p. 1279).

Several studies have explored the concept of hope for cancer patients, but these have mostly focused on the patient receiving palliative care, the breast cancer patient, and within the context of the community (Buckley & Herth, 2004; Duggleby & Wright, 2004; Ebright & Lyon, 2002; Kulig, 2002; Kulig, 2004; & Overcash, 2004). There have also been several studies examining hope in the elderly population (Duggleby & Wright; 2004, & Overcash, 2004). Studies about men and cancer mostly focus on the disease process such as testicular or prostrate cancer; however, when reviewing current literature, there were limited studies that addressed the concept of hope as it relates to the male cancer patient. It is even more difficult to locate studies on male cancer patients who live in a rural setting.

Herth (1995) notes that "research is lacking in determining how patients define hope and how health professionals communicate hope to patients" (p. 1279). Understanding what hope means to the rural male cancer patient may help nurses to better communicate realistic hope to this population without hindering the individual's hope.

Since hope is such a crucial component in the life of the patient who is chronically or terminally ill (Herth, 1995), it is essential that nurses realize what hope means to the rural male patient with colon cancer and to discover what gives this patient hope. It is this realization that will facilitate better communication of realistic hope, thus enhancing quality of life for these rural males. Findings of this study will have practical implications for nursing practice as they will provide useful information about how rural male cancer patients perceive and experience hope. Furthermore, due to the lack of research and literature about the rural male cancer patient, this study is intended to offer insights unique to this population. In particular, findings will prove to be useful for nurses by generating information that will provide guidance for communicating hope.

Purpose

The purpose of this phenomenological study was to explore and describe the perceptions and experiences of rural male colon cancer patients, specifically in relation to hope. Further, it explored their perceptions and experiences of communication methods that nurses have used to promote or dissuade hope. This study will provide a basis for nurses to gain insight into the rural male patients' perceptions of hope. Thus, it will enable them to adapt their communication and health care methods to better meet the needs of these patients.

Theoretical Framework

The conceptual framework for this study is Travelbee's Human-to-Human Relationship Model. The model focuses on the interaction between nurse and client with the purpose of nursing to "assist an individual, family, or community to prevent or cope with the experience of illness and suffering, and, if necessary, to find meaning in these

experiences" (Alligood & Tomey, 2002, p 419). Travelbee's model defines the nurse as a human being with a specialized knowledge that is used to assist others to prevent illness, regain health, find meaning in illness, or to maintain the highest degree of health (Alligood & Tomey, 2002). Specific concepts and definitions include:

- Human Being: A unique irreplaceable individual-a one-time being in this world-like yet unlike any person who has ever lived or ever will live (p. 419).
- Patient: The term patient is a stereotype useful for communicative economy. There are no patients. There are only individual human beings in need of the care, services, and assistance of other human beings, whom, it is believed, can render the assistance that is needed (p. 419).
- Nurse: Also a human being. The nurse possesses a body of specialized knowledge and the ability to use it for the purpose of assisting other human beings to prevent illness, regain health, find meaning in illness, or to maintain the highest maximal degree of health (p. 419).
- Illness: A category and a classification. Travelbee did not use the term *illness* as a definition of being unhealthy, but rather explored the human experience of illness. Travelbee defined *illness* by objective and subjective criteria (p. 419).
- Suffering: A feeling of displeasure which ranges from simple transitory mental, physical, or spiritual discomfort to extreme anguish, and to those phases beyond anguish, namely, the malignant phase of despairful "not caring", and the terminal phase of apathetic indifference (p. 420).

- Pain: Pain itself is not observable-only its effects are noted. Pain is a lonely experience that is difficult to communicate fully to another individual (p. 420).
- Hope: A mental state characterized by a desire to gain an end or accomplish a goal combined with some degree of expectation that what is desired or sought is attainable. Hope is related to dependence on others, choice, wishing, trust, perseverance, and courage and is future oriented (p. 420).
- Hopelessness: Devoid of hope (p. 420).
- Communication: Process which can enable the nurse to establish a human-to-human relationship and thereby fulfill the purpose of nursing, namely, to assist individuals and families to prevent and to cope with the experience of illness and suffering and, if necessary, to assist them to find meaning in these experiences (p. 420).
- Interaction: Any contact during which two individuals have reciprocal influence on each other and communicate verbally and/or nonverbally (p. 420).
- Nurse-patient interaction: Any contact between a nurse and an ill person, and is characterized by the fact that both individuals perceive the other in a stereotyped manner (p. 420).
- Nursing need: Any requirement of the ill person/family which can be met by the professional nurse practitioner and which lies within the scope of the legal definition of nursing practice (p. 420).

- Rapport: A process, a happening, an experience, or series of experiences, undergone simultaneously by the nurse and the recipient of her care. It is composed of a cluster of interrelated thoughts and feelings, these thoughts, feelings and attitudes being transmitted, or communicated, by one human being to another (p. 420).
- Empathy: Process wherein an individual is able to comprehend the psychological state of another (p. 420).
- Sympathy: The desire to help an individual who is undergoing stress (p. 420).
- Therapeutic use of self: Ability to use one's personality consciously and in full awareness in an attempt to establish relatedness and to structure nursing intervention. It requires self-insight, self-understanding, an understanding of the dynamics of human behavior, ability to interpret one's own behavior as well as the behavior of others, and the ability to intervene effectively in nursing situations (p. 420).
- Human to human relationship: An experience or series of experiences between a nurse and the recipient of her care. The major characteristic of these experiences is that the nursing needs of the individual/family are met. (p. 421).

It is through the human-to-human relationship that nurses establish a rapport with the patient. It is also at this point in the relationship that the nurse has the opportunity to either communicate realistic hope to the cancer patient or to hinder the hope of this patient; by finding out what hope means to the cancer patient, specifically the rural male cancer patient, nurses can more effectively communicate realistic hope.

Research Questions

The following research questions were in this study:

1. What are the perceptions and experiences of the rural male diagnosed with colon cancer?
2. What does the concept of hope mean to the rural male with colon cancer, and what experiences have caused this patient to have increased or decreased hope?
3. What are the perceptions of rural male cancer patients regarding their communication with nurses and the promotion of hope?

Definitions

For the purpose of this study, the following terms are defined:

Hope: Farran et al., (as cited in Ronaldson, 1999) defines hope as "an expectation about attaining some desired goal in the future, a necessary condition for action, a subjective state that can influence realities to come, and a knowledge that as human beings we can somehow manage our internal and external realities" (par 5).

Rural: "Of or relating to the country, country people or life, or agriculture" (Mirium-Webster OnLine, 2005).

Rural and small town (second/alternate definition): individuals living in towns or municipalities outside the commuting zone of larger urban centers (population of 10,000 or more). These individuals may be disaggregated into 4 sub-groups based on the size of the commuting flow and the degree of influence of a larger urban centre (called metropolitan influence zone [MIZ] (duPlessis et al., 2001, p. 6).

Cancer patient: For the purpose of this study, cancer patient will be defined as the male patient who has colon cancer, and who is currently being treated for colon cancer.

Assumptions

Assumptions for this study include:

- Participants in this study would be willing to discuss their perceptions of cancer and hope with the researcher.
- Those participants interviewed will benefit by sharing their perceptions and feelings with the researcher by providing information that will serve as a guide for nurses who need to communicate hope.
- Nurses have a desire to communicate realistic hope to patients with cancer.

Limitations

Limitations to this study include:

- In this rural Midwestern area, lack of ethnic diversity, socioeconomic status, and religious beliefs, may prevent generalizing the findings of this study.
- Time limitations due to the severity of the disease may have an impact on the data collection process.
- Rural male cancer patients may find it difficult expressing or sharing feelings about hope.
- Nurses may have difficulty communicating hope to rural male cancer patients.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Hope is a concept that has been explored among individuals receiving palliative care, among breast cancer patients, among the elderly, and within the context of community (Buckley & Hearth, 2004: Duggleby & Wright, 2004; Ebright & Lyon, 2002; Kulig, 2002; Kulig, 2004; Overcash, 2004). In addition, there are studies that focus on hope and cancer survivors, hope and adolescents with cancer, and hope with the first recurrence of cancer. There are, however, no studies found that investigate the concept of hope as it relates to the male cancer patient. It is even more difficult to find research involving the male cancer patient living in a rural community. Because living in a rural community presents unique challenges for the cancer patient and his family members, this study is intended to contribute to the body of knowledge concerning the meaning of hope for the rural male cancer patient, more specifically the rural male with colon cancer. Understanding what hope means to the rural male cancer patient may help nurses to have a better understanding of the significance of hope, recognizing how to foster hope and learn how to effectively communicate realistic hope to this population. This chapter reviews the literature regarding cancer; the significance of hope; cancer and hope; and rural male patients.

Cancer

According to the American Cancer Society (2005), cancer ranks second to cardiovascular disease as the leading cause of death in the United States, with one of every four deaths due to cancer, and over 1.3 million new cases to be diagnosed in 2005. It is estimated that "9.6 million Americans, or 3.4% of the entire population, were living with a history of cancer on January 1, 2000" (Perkins & Bushhouse, 2000, p. 2). Statistics from the Lance Armstrong Foundation (2005), state that "Minnesota has the 13th highest overall cancer incidence rate among the 50 states and the District of Columbia" (p. 1). The word cancer for many implies a death sentence, with the diagnosis, fear, treatment, and prognosis all contributing to the individual's uncertainty about how this disease will affect their life and the lives of their family members.

The Centers for Disease Control and Prevention (CDC) reports colorectal cancer as the "second leading cause of cancer-related deaths in the United States and is the third most common cancer in both men and women" (2004, p. 1). The CDC also reports that colorectal cancer is among the most commonly diagnosed (2004). In 2002, colorectal cancer was the third most commonly diagnosed cancer in Minnesota causing the deaths of 932 men and women; more died of this cancer than either breast or prostate cancer. (Minnesota Cancer Surveillance System, 2005). Furthermore, according to the Minnesota Department of Health (2002), incidence rates for colorectal cancer are highest in west central and northwest Minnesota with mortality rates being higher in these areas. The University of Minnesota (1999) reports higher rates in males with a dramatic increase in risk after the age of 50. For the rural Minnesota male, living with colon cancer may present a threat to health, independence, comfort, life, and hope itself. It is for this

reason nurses must discover how the rural male perceives hope with the goal of communicating realistic hope to this patient.

The Significance of Hope

Hope is an important concept for cancer patients and is defined by Little and Sayers, as "the subjective probability of a good outcome for ourselves or someone close to us" (2004, par 1). According to Felder (2004), with the exception of mental illness, hope has been studied more in cancer patients than with any other disease process and it is considered a top research priority by oncology nurses and researchers. Furthermore, cancer patients themselves identify hope as an essential part of their lives. The Random House College Dictionary (1982) defines hope as "the feeling that what is desired is also possible, or that events may turn out for the best" (p. 637), and Miller and Powers (1988) define hope as "an anticipation of a future which is good, based on mutuality, a sense of personal competence, coping ability, psychological well-being, purpose and meaning in life, and a sense of the possible" (p. 6). Cancer patient L. Brill defines hope as "knowing that no matter what the circumstance, things will be o.k." (personal communication, 2004). Farran et al., (as cited in Ronaldson, 1999) defines hope as "an expectation about attaining some desired goal in the future, a necessary condition for action, a subjective state that can influence realities to come, and a knowledge that as human beings we can somehow manage our internal and external realities" (par. 5). These definitions suggest that hope connotes a positive anticipation of future possibilities and that it is essential and a necessary part of human existence. It is goal oriented and helps to view future with great expectancy.

Hope is subjective and is a universal concept that can be experienced in a variety of situations such as hoping for a long summer; hoping for world peace; or hoping for a pain-free week. Gottschalk (1985), identifies hope as a central feature of recovery from chronic physical illness , and fostering hope in the final stages of life is seen as an essential element in the care of the cancer patient who is experiencing palliative care (Benzein & Berg, 2003; Buckley & Herth, 2004; Duggleby & Wright; Little & Sayers, 2004). The concept of hope has been connected to goal orientation (Buckley & Hearth, 2004; Duggleby & Wright, 2004; Ronaldson, 1999), and "studies have identified that helping clients determine manageable or stepwise goals may create a sense of attainment in individuals lacking hope" (Herth, 1995, p. 37). Goals may be short or long term and may be simple or complex. As stated by Ronaldson (1999), nurses sometimes have pre-defined goals for patients with cancer. Because of their knowledge base and experience, they may encourage goals that are not always acceptable to their patients. It is essential that nurses work with cancer patients to explore, recognize, accept, and encourage the goals and hopes of that patient. Finally, faith and spirituality have been identified as a source of hope (Buckley & Herth, 2004; Duggleby & Wright, 2004; Johnston-Taylor, 2003; Ronaldson, 1999). In a study by Susan Gaskin (1995), spirituality, relationships, and having one's health, were three themes used to define hope. Johnston-Taylor (2003) conducted a qualitative study which focused on the spiritual needs of patients with cancer. The study included 28 African American and Euro-American patients with cancer, and family care-givers. Interviews were semi-structured, and participants were asked to describe the spiritual needs experienced in living with cancer from the perspective of the patients and their care-givers. Hope was identified as one of the seven

themes categorized as a spiritual need and was summarized as the "need for positivity, gratitude, and hope" (p 265). In another qualitative study by Duggleby and Wright (2004), 10 palliative home care patients were interviewed and asked to describe their perceptions of hope. Participants identified "faith as a source of strength, trust, and hope" (p. 356).

According to the noted literature, hope involves goals, uncertainty, and spirituality. As nurses learn more about hope and what gives patients hope, he or she will be better equipped to address goal setting, uncertainty, and spirituality.

Hope and Cancer

Cancer patients have a variety of hopes, and one of them is for adequate pain control. The word cancer for many is suggestive of pain and uncertainty. In Herth's study (1995), she states "it is postulated that pain and symptom control will influence positively an individual's hope" (p. 37). Pain, as is noted in the literature can be physical, emotional, spiritual, or psychological. Duggleby (as cited in Duggleby and Wright 2004), states that elderly patients who have advanced cancer and who are receiving palliative care have described their worst pain as psychosocial pain, and define this as loss of independence, of life, faith and relationships. According to Little and Sayers (2004), "in cancer, the illness/treatment experience is similar to the experience of dying, but with the redeeming element of hope for cure, for life over death. If cure is not obtained, hope for the participant moves to a 'good death" (par 1). Little and Sayers also point out that if the outcome is cure, the survivors actually may not find the realization of hope for life as comfortable as might be expected and that 30% of survivors develop post-cancer distress (2004, par 3). On the other hand, a study by Felder (2004) found a positive relationship

between hope and coping. In this descriptive correlational study, 183 participants with metastatic or recurrent disease completed the Herth Hope Scale and the Jalowiec coping Scale; findings are as follows:

> The level of hope was high and was positively related to coping in patients with cancer, regardless of gender, age, marital status, education, or site of malignancy. These findings support the need for nurses to continue to practice hope-inspiring behaviors, to implement hope-fostering interventions, and to avoid hope-hindering practices (par 1).

In another study, Hinds (2004) concludes that hopefulness is essential For adolescent patients who have been diagnosed, treated, cured, or are dying from cancer.

Communicating Hope

Communication can be one of the most important tools for nurses as they care for their patients. According to Radziewicz, Baile, Lockhart, and Oberleitner (2001), communication serves to establish trust and rapport, reduce anxiety and uncertainty, educate, provide support, and help establish a treatment plan. Furthermore, nurses are responsible for educating and supporting both patient and family and assuming the role of advocate; it is within this role that nurses help clarify information, offer encouragement, and communicate hope (Lockhart, et al., 2004).

It is noted that communication is often an avenue to fostering and hindering hope. Several studies (Buckley & Herth, 2004; Duggleby & Wright, 2004; Felder, 2004), relate hope to the communication that happens between nurses and patients. Felder states:

> Providing information in an honest, respectful, and compassionate manner can increase the levels of hope. Conversely, providing information in a disrespectful or cold manner, trivializing the situation, or giving discouraging medical facts without offering something to hold on to decreases levels of hope (2004, p. 326).

Buckley and Herth (2004), identified poor communication as something that hinders hope, and emphasize the fact that "inadequate, offhand, thoughtless communication can hinder hope, while courtesy and respect are important in fostering hope" (p. 41).

Hope has been described by Little and Sayers (2004) as implying a degree of uncertainty. When a patient is certain of an outcome, he or she no longer hopes for the outcome. When nurses communicate certain outcomes such as discomfort, disability, or death, the patient's hope may be threatened, and he or she may fall into the realm of hopelessness. Little and Sayers (2004) also suggest that hope is a continuum, and not dichotomous; by not giving up hope, there is a suggested level of subjective probability. The patient who is being treated for cancer continues with the hope for cure, and life over death; it is at this time that nurses have an opportunity to carefully communicate realistic hope.

Despite the issues surrounding this topic, and apart from one study on communicating hope, research is lacking in determining how patients define hope and how nurses communicate hope to the patients (Hagerty et al., 2005).

Rural Life

For the purposes of this study, rural is defined as "of or relating to the country, country people or life, or agriculture" (Mirium-Webster, 2005). A second definition by duPlessis et al., (2001) defines rural as:

> Individuals living in towns or municipalities outside the commuting zone of larger urban centers (population of 10,000 or more). These individuals may be disaggregated into 4 sub-groups based on the size of the commuting flow and the degree of influence of a larger urban centre (called metropolitan influence zone [MIZ] (p. 6).

Urban areas comprise larger places and densely settled areas around them. Kulig (2004) suggest that rural living has a negative impact on life expectancy as well as health status and points out that rural communities face decreasing population, youth out-migration, and difficulties with health care services and other resources. Rural life presents obstacles for patients that are different than those in urban areas According to the National Rural Health Association (NRHA):

> Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators and the sheer isolation of living in remote rural areas conspire to impede rural Americans in their struggle to lead a normal, healthy life (2005, par 1).

The NRHA (2005) reports that only about ten percent of physicians practice in rural America; this poses the problem of the shortage of rural oncology physicians. As stated in an article by Gangeness, Crouse, and Elliot (1998):

> Most rural physicians who care for cancer patients are family practitioners and general surgeons. Cancer specialists, such as medical oncologists, hematologists, radiation therapy oncologists, oncology surgeons, and oncology clinical nurse specialists, are generally clustered in metropolitan areas. Consequently, rural cancer patients usually must travel to obtain early oncology specialty intervention, but ongoing travel to specialty centers can be burdensome and expensive (par. 2).

In addition, rural residents tend to have a lower income, and very often do not have employer-provided health care coverage (NRHA, 2005). It is clear that the rural cancer patient faces unique challenges and is at a disadvantage due to transportation issues, economic disadvantages, and the shortage of rural health care providers.

Krumwiede et al. (2004) state that "rural dwellers tend to define health as being able to do work, and as a rule, symptoms that do not decrease activity may be ignored until they absolutely need to be addressed" (page 1146); therefore rural men may tolerate a health concern until it impairs function. If cancer is diagnosed when it is fairly advanced, hope for a cure is challenged if not hindered. As noted by Little and Sayers (2004), people with cancer are admired if they do not lose hope when dealing with cancer and are believed to be brave if they do not allow themselves to give in to the disease. Hope for the rural male with colon cancer may be challenged due to advanced disease and because of stigma, he may not feel free to verbalize pain, feelings of pain, fear, or other hindrances to hope.

As was stated before, no studies focusing on the rural male cancer patient were found, and only two were found that addressed hope and rural life (Kulig, 2002; & Kulig, 2004). Therefore, research on the meaning of hope for the rural male cancer patient is

intended to help nurses better understand how cancer affects this unique individual. It is for this reason that the current study was conducted.

Summary

The review of the literature examines current research that focuses on the concept of hope. The literature presents several definitions of hope and identifies various factors that correspond to the experience of hope, including coping, goal orientation, and spirituality. The literature supports the significance of hope for the cancer patient and also discusses the importance of fostering hope in this patient without creating unrealistic false hope.

Literature was reviewed in reference to the rural community, but very little was found that examined the rural individual, the rural male, or the rural cancer patient. It is therefore necessary to discover what hope means to the rural male who has cancer, for the purpose of more appropriately communicating realistic hope to this person.

CHAPTER III

METHODOLOGY

Introduction

Hope is a broad concept that holds different meanings for different people. The concept has been explored in several settings, examining several populations. There are, however, no studies exploring the concept of hope as it relates to the rural male cancer patient, more specifically the rural male who has colon cancer. The purpose of this phenomenological study was to explore and describe the perceptions and experiences of rural male cancer patients, specifically in relation to hope. Further, it explored their perceptions and experiences of communication methods that nurses have used to promote or dissuade perceptions of hope. This study provides a basis for nurses to gain insight into the rural male patients' perceptions of hope. Thus, it will enable them to adapt their communication and health care methods to better meet the needs of these patients. This chapter describes the research design of this study, including sample population, study design, data collection method, data analysis, and the protection of human subjects.

Study Design

The phenomenological research design was used to discover rural male cancer patients' perceptions of hope. Phenomenology is a qualitative method that "describes the meaning of a lived experience from the perspective of the participant....and seeks to achieve a deep understanding of the phenomenon being studied through a rigorous, systematic examination" (Gillis & Jackson, 2002, p. 188). By listening to the

participant's description of what it is like to experience cancer and what the participants' perceptions of hope are, a deeper understanding of this phenomenon will be achieved. The purpose of a phenomenological study is to describe the essence of lived experiences that are the everyday human experiences of the individuals who experience them.

Population and Sample

The rural population that was studied included, but was not limited to seven counties in Northwest Minnesota. These counties make up the Northwest corner of Minnesota and border on Canada and North Dakota. The size of each county ranges from 4,299 residents/county to 31,369 residents/county with a total seven county population of 88,472 (United States Census Bureau, 2000). The predominant race is Caucasian averaging approximately 96 %, with most of the other 4 % being Native American. Due to the possibility that there could be lack of participants, arrangements were made for a second larger cancer center to be utilized, if needed. Interviews were conducted in an outpatient cancer treatment center which is located in one of the seven rural counties located in Northwest Minnesota. The cancer center's census fluctuates from approximately 30 to 50 patients according to treatment regimens. The staff includes one oncologist, who travels to the center twice a month, and two chemotherapy nurses. The investigator was able to identify and recruit an adequate number of participants, so the larger affiliated cancer center did not need to be utilized.

In this purposeful sample, four male cancer patients currently receiving treatment for colorectal cancer were invited to participate. Participants were chosen one at a time following analysis of the data provided by cancer center staff; verbal consent from the patient was obtained from the chemo therapy nurses at the cancer center. In a

phenomenological study, the "sample size is usually small but must be large enough to produce a rich and comprehensive description of the phenomenon" (Gillis & Jackson, 2002, p. 191). The sample in this study included 4 participants with the age range between 47 and 81 years. Sampling continued until saturation was reached and there was no new data being obtained. Inclusion criteria for the study were as follows:

- Male 40 to 85 years old; marital status will not limit inclusion.
- Diagnosis of colorectal cancer.
- Receiving non palliative treatment for colorectal cancer which may include chemotherapy, radiation therapy, or both.
- Must live in a rural setting as was defined earlier in the study.
- Must understand and speak English.

Data Collection Methods and Procedures

Following approval by the Institutional Review Board (IRB) of the University of North Dakota and by the health care organization utilized in this study, the process of data collection began and continued over a two month period of time. Interviews took place in an outpatient cancer center which is located in Northwest Minnesota. The oncology nurse manager and one chemotherapy nurse from the cancer center identified potential participants based on the inclusion criteria and their willingness of patients to be interviewed by the researcher. Verbal consent was obtained by the oncology nurses and interviews were scheduled according to patient preference. On the day of the scheduled interview, a letter of introduction and explanation of the study was given to participants. An explanation of purpose for the study, the risks and the benefits of the study, and consent was included with the letter. A demographic data form was filled out which

included age of participant, marital status, educational level, employment status, and fatigue level (low, medium, high). Consent forms were signed by the participants and placed in a locked container which was stored at the researcher's locked home. Tapes were numbered in coordination with consent forms and data forms, and were placed in a separate locked container which was also stored at the researcher's locked home. Following transcription, tapes were destroyed and transcribed information will continue to be stored in a locked file cabinet. Data was collected via semi-structured, audio taped interviews and was transcribed verbatim. Interviews ranged from 60 to 90 minutes in length. After transcription of the first interview was completed, each participant was interviewed a second time to allow the researcher to review transcripts with the participant for accuracy, and to clarify interpretations of the data. At that time, participants were asked if they would like to make any additions or subtractions to the transcripts.

Interviews

The semi-structured interviews consisted of seven questions and were adapted from those used in Herth's (1990) study on hope and the terminally ill. The questions were specific to the patient and adapted to clarify individual responses. At the end of the seven questions, participants were asked if they wanted to make any further comments.

The interviews were audio taped with the patient's permission. The aim was to establish an open and honest relationship and so the interviews began with an open-ended question asking the participant to talk about his cancer experience. Guiding questions were asked as follows:

- Tell me about the day you found out you have cancer.

- How do you feel about being diagnosed with cancer?
- Talk to me about hope; what is hope?
- What are some things that you hope for?
- If you could identify something that gives you hope, what would it be?
- What things cause you to lose hope?
- What can nurses do to help you have more hope?

Participants were then asked if they wanted to add any comments or suggestions. Written notes were taken regarding the setting, family members present, the environment, and non-verbal behaviors. No family members were present during the interview. Occasionally the chemotherapy nurse would come in to check on the patient. At that time the tape would be turned off and the interview was resumed when the nurse left the room. Rooms where interviews were conducted were private treatment rooms with comfortable chairs. Outside noise was minimal and televisions were turned off. Non-verbal behaviors included smiles, laughter, and occasional tears.

Data Analysis

Phenomenology seeks to gain a deeper understanding of the phenomena being studied. Its purpose is to describe the essence of life experiences through rigorous and systematic examination of the phenomena. Results provided information that would help to understand the concept of hope and what hope means to the rural male cancer patient so that nurses can better communicate hope to this population. Upon interpretation of findings, the researcher was able to write about the meaning of these findings. Data analysis began with the first interview and was performed simultaneously with data collection. The participants' transcripts were analyzed using a phenomenological method

described by Colaizzi (Gillis & Jackson, 2002) in which data is read and re-read; significant words and phrases are placed into categories; category meanings are clustered into themes; and essential structure or core theme is defined. Once saturation had occurred, a second interview was conducted to allow participants to clarify the data obtained in the first interview. Participants were also encouraged to identify discrepancies, and/or make any additional comments.

Rigor

In this study, trustworthiness (Gillis & Jackson, 2002) was accomplished in a variety of ways. Credibility and verification were established through data triangulation. Triangulation of data was accomplished through participant interviews, validation with the second interview, and support of findings with a review of the current literature. Transferability was accomplished by fully describing characteristics of the sample so as to permit adequate comparisons to other samples. Dependability was established by documentation of all raw data, methods, and analysis decisions. Confirmability was been established by the researcher identifying and journaling personal biases and perspectives on the research phenomenon and thus setting them aside.

Protection of Human Subjects

Permission was obtained from the human subjects Institutional Review Board (IRB) at the University of North Dakota and the IRB for the organization that governs the clinic where interviews were held. Participation in the study was voluntary, and all participants were assured of confidentiality. A letter introducing the researcher and the study were given to participants at the first interview. An explanation of purpose of the study, the risks and the benefits of the study, and consent was included with the letter.

Due to the nature of the study, participant risks were minimal, with the exception of possible emotional stress and the time it took for the interviews. Benefits of the study include a more thorough understanding of the concept being studied which has the potential to improve nursing care and communication for the rural male patients diagnosed with colon cancer. Participants were informed that participation was voluntary, that there would be no retribution for not participating, and that they could withdraw from the study at any time.

CHAPTER IV

RESEARCH FINDINGS

Introduction

The purpose of this phenomenological study was to explore and describe the perceptions and experiences of rural male colon cancer patients, specifically in relation to hope. Further, it explored their perceptions and experiences of communication methods that nurses have used to promote or dissuade hope. The study was designed to provide a basis for nurses to gain insight into the rural male patients' perceptions of hope. It was also intended to enable nurses to adapt their communication and health care methods to better meet the needs of these patients.

This study intended to answer the following research questions:

1. What are the perceptions and experiences of the rural male diagnosed with colon cancer?
2. What does the concept of hope mean to the rural male with colon cancer, and what experiences have caused this patient to have increased or decreased hope?
3. What are the perceptions of rural male cancer patients regarding their communication with nurses and the promotion of hope?

The results of this phenomenological qualitative study are reported in this chapter. Demographic characteristics of the four individuals who were interviewed for this study will also be presented. A phenomenological data analysis process was utilized in which transcripts were read and re-read in their entirety, key terms and statements were

identified, common terms/statements were placed into categories, and themes were identified from the various categories. From the themes that were identified, an overriding structure evolved. Iinterviews with each participant consisted of six interview questions which were specifically designed to address the three research questions. Following the interview questions, participants were asked if they would like to make any further comments or suggestions.

Characteristics of the Sample

The sample consisted of four rural males who were diagnosed with, and were currently receiving treatment for, colon cancer. All lived in a rural setting as described earlier in the study. All four were currently being treated with chemotherapy and none of them were receiving radiation at the time of the study. The average age of sample participants was 59.5 years old. The age range of sample participants was from 47 to 81 years. Three of the males were married and one was single. All four men were high school graduates, and three of the four had attended some level of post-secondary education. Two of the participants were employed full-time; one was on a medical leave; and one was retired. Three of the participants rated their fatigue level as medium (on a low, medium, and high, scale), and one participant rated his fatigue level as low. Demographics of participants are presented in table form (see Appendix C).

Findings

In this qualitative phenomenological study, data analysis of the semi-structured in-depth interviews began with the first interview and was performed simultaneously with data collection. The participants' transcripts were manually analyzed using a phenomenological method in which transcripts were read and re-read in their entirety,

key terms and statements were identified, common terms/statements were placed into categories, and themes were identified from the various categories. Common terms and statements were collapsed into five categories. From the five categories emerged three themes which were: a) facing the reality of challenges and limitations, b) acceptance of the present with expectancy of a better future, and c) finding strength from people, faith, and the positive. From these three themes emerged the core structure which is "confronting the negative with the purpose of moving on to acceptance of the present, while finding strength for a better future". Interviews were conducted at a time which would be convenient for the participants and took place in private treatment rooms at the out-patient cancer center. Length of the interviews ranged from one to two hours and saturation was reached with the fourth interview. For the most part, themes emerged from specific questions. Since this was a semi-structured interview, participants spoke freely and were at liberty to veer from the question at hand. Therefore there are some codes that cross category boundaries but were still appropriate for a specific theme. Significant phrases or words from the participants' final comments were also placed into appropriate categories. Results provided information that would help to understand the concept of hope and what hope means to the rural male cancer patient.

Theme #1: Facing the Reality of Challenges and Limitations

This theme emerged primarily from interview questions one, two, and six. These questions read as follows:

1. "Tell me about the day you found out you have cancer".
2. "How do you feel about being diagnosed with cancer?"
6. "What things cause you to lose hope?"

As participants talked about the day they were diagnosed, they spoke about physical and emotional challenges as well as their response to those challenges. Physical discomfort, disbelief, and emotional upheaval were all part of the memories that surround that day. All four participants talked about the physical challenges. One participant was not surprised at the diagnosis due to the physical discomfort he was experiencing and stated, "I was just glad they found it, because I was in pain. I didn't really care what it was as long as it was going to get fixed." Another man states "you're tired most of the time". Two of the other men talked about the shock and commented; "It kind of knocks you out for a while", and "it was kind of a kick in the head you know, just to hear about it". Another participant also talked about how he had been in physical discomfort for "a while" and that he "never went to doctors much". Even though he was in physical discomfort, he had a feeling of disbelief when he was notified about test results. He stated: "I never dreamed I'd have cancer". One participant commented on the way he was notified of his diagnosis, and the poor communication by his health care provider. He remembers feeling disbelief, and physically shaken; he states this provider "was not real positive about it". He also states he was told to "just get your affairs in order" and felt that this was not a good way to communicate something like this to patients. He also mentions how "it was one day of your whole life forever had changed in just a few hours".

When talking about that day, all four men mentioned various challenges such as chemotherapy, side effects, surgery, and pain. As they answered question number six, two of the participants mentioned physical challenges as something that diminishes hope including chemo treatments, tiredness, and nausea. One participant stated "your body gets

so rundown and tired, and you get nauseated". It must be noted that although all four participants were diagnosed with colorectal cancer, none of them mentioned that this was the type of cancer they had. One participant mentioned having "a bag" and described it as a "nuisance". The emotional challenges were also mentioned as something that diminished hope. One man states "reading the newspaper and watching and seeing people that have passed away with cancer are a couple of things that take a little bit of hope away from you". Theme number one emerged from the experiences of being diagnosed with colon cancer, how participants feel about having cancer, and what things have caused them to lose hope. These challenges and limitations included the physical and the emotional. It is evident that these struggles may have had an impact on the way they viewed hope. It also indicated the beginning of a process and that confronting the negative issues was a first step in moving on towards acceptance. These men were open and honest about the rough beginning of their cancer journey as well as how they felt about the diagnosis of colon cancer. Also noted by this investigator was the calm tone these men had when sharing their experiences. They had realized the challenges, had made necessary changes in their lifestyles, and had moved on to deal with these challenges. These challenges will be discussed under theme number two.

Theme #2: Acceptance of the Present With Expectancy of a Better Future

Theme number two emerged from the combination of questions two, three, and four. The questions are stated as follows:

2. How do you feel about being diagnosed with cancer?
3. Talk to me about hope: what is hope?
4. What are some things that you hope for?

Acceptance seemed to be a step that all four participants experienced fairly early in the cancer journey. Each voiced a level of assurance that things were "going to be alright". One participant stated "I had it, so I had to go with whatever. Go with the flow I guess". Another man states "I think I'm going to come out of this alright". Along with acceptance, participants spoke of expectancy and future goals. As one man put it, "I guess I've learned to deal with it and just look forward to the treatments, because hopefully it is one step closer to getting rid of this stuff". He also stated "I have a positive feeling that I'm going to beat this thing and get back to a 'new normal life". Another participant stated that "hope is something that you think towards". When asked about things that participants hope for, activity and work were two subjects that were mentioned. Expectancy was coupled with actively facing the future. Some of the statements indicative of this were, "I have to give it my best shot personally here on earth". And "I'm going to keep fighting until I can't". One participant who during his chemo treatments has continued to keep up with his hobby of woodwork and building projects talks about future plans and stated, "I was just looking forward to doing…just being able to relax and work at my own pace". Another participant shared how going to work and being with other people was helpful for him.

A common thread with all four participants was that things were "going to be o.k." and as one man put it "you just can't quit". Goal setting whether short-term or Long-term was a focus for these men and can be summarized by one man's statement, hope is "something you think towards…. for something better".

Theme #3: Finding Strength From People, Faith, and the Positive

The third theme emerged from questions five, and seven. The questions read as follows:

5. If you could identify something that gives you hope, what would it be?

7. What can nurses do to help you to have more hope?

When identifying things that gave participants hope, three of the men talked about faith, prayer, and how they put their trust in God. All three of these men talked about believing that God was in control and that prayer was an important factor in the cancer journey. As one man states, "I've got people praying for me all over the country, and that means a lot to me." Another participant shared, "I thank God for every day He gives me. I feel fine about it, because I leave it up to God. You've got to turn your life over". One other participant stated "I guess you've gotta have faith in God that He's the guy that's gonna take care of me and when He says my time is up, it's up". Support from others was another common thread found throughout the interviews. Support from family, friends, community members, and nursing staff was mentioned as something that was important to participants. Three participants mentioned family members as being a source of encouragement. Two mentioned friends and community members as a support during the cancer experience. One participant states:

> I get a little bit emotional when I talk about stuff like that. You don't realize, I guess, what good friends you got. I talk with people from…we've got some friends in Atlanta. I talk with them every once in awhile. They're in our business and they're really good. They're positive people. I've got some older friends that

are down in Virginia. I've called them a couple times and they're so happy to hear, you know. Well, they all pray for me and it means a lot.

Another participant states, "I definitely believe that talking with people about your problem is good therapy and you don't want to keep it to yourself". When talking about community members, the same participant states:

> A few of them have come in the store and actually have said a short prayer in the office in the back of the store there and that certainly doesn't hurt…it just makes you feel good and kind of goes back to the hope thing. You know, it kind of gives you a little more hope, too, when you have all these people praying for you.

Another word that was mentioned several times in the interviews was the word "positive". All four of the men mentioned the word "positive" either in relationship to their own personal outlook or to the way nurses and health-care professionals communicate with them. One man when asked to identify something that gives him hope stated, "I guess I usually have a positive outlook on most things so I don't really think about that." Another participant stated "Just be positive, that's the main thing." When asked what nurses could do to foster hope, all four participants were quick to offer words of praise for the nurses at the cancer center where they were receiving their treatment. It was evident that a positive attitude and cheerful mannerism was extremely important to them as they were going through their treatments. One participant stated, "these girls have been really good. They push for hope and they do what they can to cheer the people up". Another gentleman talked about the importance of positive encouragement from nurses. He states "the nurses are real good, they are real positive about saying, 'Hey,

we're going to beat this thing". The same participant talked about a help-line phone nurse and stated:

> Just talking to her gives me a lot of hope because she's so positive on what I'm doing to get rid of this stuff. She's just been so helpful…she's just so positive and she really thinks that I'm doing such a good job, which makes me feel a little better.

Another participant stated that the nurses' counting down treatments was something that helped him have more hope. One other participant when talking about a positive attitude also mentioned the importance of a caring attitude.

At the end of the interview, participants were asked if they had any comments they wished to add. Comments from this question were also coded, merged into appropriate categories, and thus became part of the themes that evolved from the interviews. After transcription of the first interview was completed, each participant was interviewed a second time to allow the researcher to review transcripts with the participant for accuracy, and to clarify interpretations of the data.

Summary

Data from this phenomenological study was collected using a demographic survey and semi-structured interviews. Participants were asked seven interview questions which were designed to address the research questions. Saturation was reached at four participants. Analysis of the data was completed using a constant comparative method. From the transcripts, codes were developed and were placed into meaningful categories. From these categories three main themes emerged supporting the core structural theme as well as providing a description of how rural male colon cancer patients perceive and

experience hope. The core structural theme that emerged from the interviews was actually indicative of a process. The meaning of hope for these rural men involved "confronting the negative, with the purpose of moving on to acceptance of the present, while finding strength for a better future.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

Introduction

The purpose of this phenomenological study was to explore and describe the perceptions and experiences of rural male colon cancer patients, specifically in relation to hope. Further, it explored their perceptions and experiences of communication methods that nurses have used to promote or dissuade hope. With the use of semi-structured face to face interviews, participants were able to share their experiences in an informal conversational style. Interviews were audio taped and transcribed word for word. Using a constant comparative method of data analysis, information was read and re-read for comparison, coded, and placed into five categories according to similarities. From these categories, the following three themes evolved: 1) the reality of challenges and limitations, 2) acceptance of the present with expectancy of a better future, and 3) finding strength from people, faith, and the positive. The three themes were antecedents to the core structure of "confronting the negative, with the purpose of moving on to acceptance of the present, while finding strength for a better future". After the initial shock of being diagnosed with colon cancer, participants were faced with the physical and emotional challenges set before them. All four participants at the time of the interviews seemed to have come to the place of a tranquil acceptance which was evident as they shared their stories. Also apparent was the expectancy for a better tomorrow which was happening through personal faith and positive support from others. Findings of this study were

similar to those of several qualitative studies that focused on hope in general. It is difficult, however, to compare results with these studies because of differences in purpose, sample, and methods. There continues to be limited discussion in the literature related to hope and the rural male cancer patient. Similarities will be discussed within the context of each research question.

Research Questions

The following research questions were in this study:

1. What are the perceptions and experiences of the rural male diagnosed with colon cancer?
2. What does the concept of hope mean to the rural male with colon cancer, and what experiences have caused this patient to have increased or decreased hope?
3. What are the perceptions of rural male cancer patients regarding their communication with nurses and the promotion of hope?

In the remaining portion of this chapter the three main themes as well as the overriding core structure will be discussed in relationship to the research questions. Literature was revisited and is discussed as needed according to the specific research questions.

Research Question #1

What are the perceptions and experiences of the rural male diagnosed with colon cancer? This question was designed to investigate the emotional and physical experience of being diagnosed with colon cancer. It was also intended to discover how the rural male with colon cancer actually feels about the experience of being diagnosed with this disease. Participants of this study showed openness as they discussed the initial shock,

physical challenges, and emotional turmoil when diagnosed with colon cancer. Each participant talked about the day they were diagnosed and described the issues that they have dealt with and continue to deal with including nausea, fatigue, and change in their lifestyle. None of the participants mentioned specifically what type of cancer they had. Only one participant related a challenge specifically to colon cancer when he stated "It's a nuisance this darn bag down there, but you learn to live with it, too". As challenges were faced, it was apparent that staying active was important and that continuing to stay involved in work or hobbies was a natural part of their cancer journey. As stated in previously discussed literature, rural dwellers tend to define health as being able to work (Krumwiede et al., (2004). One of the most representative comments made concerning this finding was, "you just can't quit". The literature also suggests that hope is a continuum, not dichotomous; by not giving up hope, there is a suggested level of subjective probability (Little & Sayers, 2004). This was evident as all four participants had persevered through the initial diagnosis and had now come to a place of acceptance. This "subjective probability" was apparent from their comments as well as mannerisms. Comments from all four participants suggested they had dealt with the challenges and now had moved on to a place of acceptance. Comments like "go with the flow", "new normal life", and "I've accepted it" suggest a place of calm that has opened the door for expectancy. Following a post-study literature search, it was noted that there are still limited studies found that address the rural male who has cancer.

Research Question #2

What does the concept of hope mean to the rural male with colon cancer, and what experiences have caused this patient to have increased or decreased hope?

After addressing experiences and perception of the rural male with colon cancer, it becomes important to identify what hope actually means to this patient and what factors increase or decrease his hope. According to participants in this study, hope is related to expectancy and is future oriented. Participants spoke in terms relating to goals, expectancy for the future, and actively seeking these goals. Some of the phrases and terms that participants used to describe feelings about hope were, "believe", "fight", "think towards", "work", and "something better". Similar findings in the literature suggest hope to be a "subjective probability of a good outcome" (Little & Sayers, 2004, par 1). Hope is also described by Miller & Powers (1988) as future anticipation based on mutuality and a feeling of personal competence with a sense of the possible. Ronaldson (1999) points out that hope is necessary for action. Other studies (Buckley & Hearth, 2004; Duggleby & Wright, 2004, & Ronaldson, 1999) have also suggested that hope is not a passive process but is connected to goal orientation. Participants had come to a place of setting goals and moving forward. Two of the participants had plans to take a trip in the near future; one talked about getting back to work; yet another talked about being "able to get around and see the things that God creates, and look at the clouds, and the sky, and the trees, and everything as God created".

Faith was a significant factor for three of the participants. God was mentioned by these three as a source of strength. Prayer was also an important factor for these same men. All three spoke of trusting in God and mentioned that, "He is in control". The three

participants spoke of "thanking God", "trusting God", and "leaving it to God", and were thankful that people were praying for them. Similar references to God have been described in the literature (Buckley & Herth, 2004; Duggleby & Wright, 2004; Johnston-Taylor, 2003; & Ronaldson, 1999).

Other sources of strength for participants were supportive people, including family, friends, community members, and health-care professionals. These support people helped participants focus on the future and encouraged the men to keep moving forward. Participants shared that it was important to "hear about others who had beat it" and to know that "others are routing for you". Also mentioned was strength found from the positive. Participants mentioned that staying positive themselves and also receiving positive affirmation from others was an important precursor to hope. Hope was fostered through positive comments, perceived positive attitudes, and by trying to "stay positive" themselves. There is some limited discussion in the literature (Duggleby & Wright, 2004; Herth, 2004) concerning hope and cancer patients, but this is mostly focused on the terminally ill and palliative care.

Experiences that have caused participants of this study to lose hope were mentioned in research question number one and mainly focused on the physical and emotional challenges of the cancer experience itself. One participant though, shared that the lack of a positive attitude by health-care professionals has been something that has at time caused him to lose hope. He spoke of the way his diagnosis was communicated to him and how he was told to "get your affairs in order". He believes that this is not an appropriate statement to be made and feels that patients "need incentive to fight". When talking about things that discourage hope, another participant talked about going to

another health-care facility and feeling like the nurses were not friendly and had a poor attitude. He voiced his feeling that "a caring attitude" was very important for encouraging hope.

Research Question #3

What are the perceptions of rural male cancer patients regarding their communication with nurses and the promotion of hope?

This final research question was designed to investigate how nurses have communicated with participants regarding hope and how nurses can help participants have more hope. It must be noted that all four participants were completely satisfied with the care and communication by the nurses at the cancer center where they were receiving their care. The researcher had to "probe" further to find out how nurses in general could help promote hope. Three of the participants again mentioned a positive attitude. Positive encouragement was important as well as a cheerful attitude. One participant felt it was important to know that the nurses were "rooting for you". Another felt it was important to know that nurses were knowledgeable. "Counting down the chemo treatments" was a source of hope for one participant which also is a future oriented concept. According to the literature (Radziewicz, Baile, Lockhart, & Oberleitner, 2001), "communication serves to establish trust and rapport, reduces anxiety and uncertainty, educates, provides support, and helps establish a treatment plan" (p. 951). Nurses are able to use positive communication to foster hope. Consequently, nurses must take care not to communicate in a way that will hinder hope. As mentioned in the review of literature, several studies (Buckley & Herth, 2004; Duggleby & Wright, 2004; & Felder, 2004) relate hope to the communication that happens between nurses and patients. Felder 2004 states:

> Providing information in an honest, respectful, and compassionate manner can increase the levels of hope. Conversely, providing information in a disrespectful or cold manner, trivializing the situation, or giving discouraging medical facts without offering something to hold on to decreases levels of hope (p. 326).

This is again reiterated by the participant who states his hope was discouraged when he was advised to "get his affairs in order". Despite the issues surrounding this topic, research is still lacking in regards to how nurses communicate hope to patients.

Summary

This study focuses on hope, the rural male with colon cancer, and strategies for fostering hope in this unique population. Through open honest communication via semi-structured interviews, participants were able to share insight into perceptions and experiences related to the cancer journey. They were also able to share their feelings and ideas about what hope means to them, what fosters hope, and what hinders hope. Findings of the study that are specific to this unique population were derived from key phrases and words which were placed into categories according to similarities. Three themes emerged from these categories and subsequently the core structure or theme. This core structure suggests that hope for these participants is a process that involves confronting the negative with the purpose of moving on to acceptance of the present, while finding strength for a better future.

Implications for Nursing

This study was intended to provide nurses a greater understanding of what hope means to the rural male patient who has colon cancer. Findings of this study will have practical implications for nursing practice as it provides useful information about how

rural male cancer patients perceive and experience hope. Furthermore, due to the lack of research and literature about the rural male cancer patient, this study is intended to offer insights unique to this population. In particular, findings will prove to be useful for nurses by generating information that will provide guidance for communicating hope. Discovering what hope means to the rural male with colon cancer is the foundation for the development of effective hope fostering strategies that nurses can apply to this unique yet understudied population. Miller, (as cited in Herth, 1995) states that "the challenge of nursing is to understand hope in depth and to use deliberate strategies to develop and maintain a generalized hope-filled state in patients and their families" (p. 32).

Additional Research Opportunities

As evidenced in the literature review, studies are lacking in relation to rural males, rural cancer patients, and more specifically rural males with colon cancer. There are several studies on the concept of hope, but only limited studies pertaining to hope and rural populations.

Replication of this study with other populations would be beneficial. This study was small and specific to a very unique population, thus expanding the study to cross ethnic, cultural, and community boundaries would be helpful for gaining better insight of what hope means to other populations. Further study is also needed to gain an understanding of hope as it relates to the non-palliative care cancer patient. In addition, replication of the current study to include spousal interviews may add further understanding related to the third theme which suggests finding strength from others. Qualitative studies would be helpful as well as recommended. "Because qualitative methods focus on the whole of the human experience and the meanings as described to

them by clients, they provide nurses with deep insights into the experiences of clients that would not be possible using quantitative methods exclusively" (Gillis & Jackson, 2002, p. 220). For nurses to more effectively communicate hope to their patients, they must first understand what hope means to these patients.

Conclusion

Results from the current study suggest that the meaning of hope for the rural male who has colon cancer is based on a process that includes confronting the negative, moving on to acceptance of the present, while finding strength for a better future. This research study begins to identify how rural male cancer patients view hope and what causes them to have increased or decreased hope. Also, it provides a foundation for the development of effective hope-fostering communication strategies for nurses and this population. Developing hope-fostering communication strategies will assist nurses and other health-care professionals to provide better care for this special population.

APPENDICES

APPENDIX A CONSENT FORM

STUDY ON THE MEANING OF HOPE FOR THE RURAL MALE WITH COLON CANCER

You are invited to participate in a research study being done by Vickie Graves, Family Nurse Practitioner student, under the supervision of her advisor, Dr.Marcia Gragert of the University of North Dakota College of Nursing. Research is lacking as to how cancer patients define hope, and there are no studies that address the concept of hope as it relates to the rural male living with colon cancer.

This study will help provide a better understanding of what hope means to the rural male who has cancer, and will explore their perceptions and experiences of communication methods that nurses can use to promote or discourage hope. Participants will be interviewed individually via face-to-face audio taped interviews. Time limit of interviews will be flexible and will vary depending on the participant. If possible participants will be interviewed twice to allow them to review their transcripts for accuracy and to clarify interpretation of the data. Interviews will be conducted in the outpatient cancer center where the patient currently receives treatment.

Risks from this study are minimal with the possible exception of emotional stress and the time it will take to complete the interviews. Benefits include a more thorough understanding of the concept being studied which will improve nursing care and communication for the rural male patient diagnosed with colon cancer.

Participation is voluntary and the decision whether or not to participate will not change your future relations with the participating cancer center. There will be no retaliation for not participating, and participants may withdraw from the study at any time.

Any information from this study, and that can be identified about you will remain confidential and will be disclosed only with your permission. All data and consent forms will be kept in separate locked cabinets for a minimum of 3 years after the completion of this study. Only the researcher, the advisor, transcriptionist, and people who audit IRB procedures will have access to the data. After 3 years, the data will be shredded.

If you have any questions about the research, you may call Vickie Graves at 218-435-1014, or Dr. Marcia Gragert at the University of North Dakota College of Nursing 701-777-4549. If you have any other questions or concerns, please call the Research Development and Compliance office at 701-777-4279.

You will be given a copy of this consent form for future reference.

All of my questions have been answered and I am encouraged to ask any questions that I may have concerning this study in the future.

_____ _____

_Participant's Signature Date

APPENDIX B

DEMOGRAPHIC FORM

PARTICIPANT/TAPE NUMBER: _____

AGE: _____

MARITAL STATUS: Married___ Single___ Divorced___ Separated___ Widowed___
Other___

EDUCATIONAL LEVEL: _____

EMPLOYMENT STATUS: _____

FATIGUE LEVEL: Low___ Medium___ High___

APPENDIX C

DEMOGRAPHIC DATA

Table 1. Demographic Data.

Participant	Age	Employment status	Educational level	Level of Fatigue
#1	47	Full-time	High School	Moderate
#2	83	Retired	Post Secondary	Low
#3	57	Medical leave	Post Secondary	Moderate
#4	67	Full-time	Post Secondary	Moderate

APPENDIX D

INTERVIEW QUESTIONS

1. Tell me about the day you found out you have cancer.
2. How do you feel about being diagnosed with cancer?
3. Talk to me about hope; what is hope?
4. What are some things that you hope for?
5. If you could identify something that gives you hope, what would it be?
6. What things cause you to lose hope?
7. What can nurses do to help you have more hope?

*Do you have anything you would like to add?

APPENDIX E CATEGORIES AND CODES

Table 2. Categories and Codes

Confronting the Negative	**Acceptance of the present**	**Looking toward the future**	**Appreciating the positive**	**Support from within and without**
Time is up	All good	Doing things	Push for hope	Hope
Pain	Going to be fine	Come out all right	Cheer	God
Tests	Don't think about it	Going to be fine	Means a lot	Wishes
Feel lousy	Don't really lose hope	Get rid of it	Cheerful	Doing
Chemo	Live with it	Counting down	Positive	Staying healthy
Worry	Be fine/it's o.k.	Don't have to do it	Attitude	Family/kids
Side effects	You hope	again	Good	Faith
Neuropathy	Deal with it	Taken care of	Helping can do	Help
Don't feel good	Doing	Get it fixed	anything	People praying
Kick in the head	Relax	Going to be o.k.	What they do	Friends
It's hard	Work	That it's all over	Caring	Believe
Surgery	Go with the flow	Think towards	Knowledgeable	Leave it to God
Pass out	Go with whatever	You hope/hopes	Helpful	Keeps me going
Tumor	Just can't quit	Wishes	Talking	Thank God
Nauseated	Enjoy life	Enjoy	Nice	People
Chemo brain	Live day by day	Something better	Encouraging	Talking to people
Kicks you in the shin	Don't worry	Retire comfortably	Checking in	Hearing about others
Can't do a lot	Part of living	Want	Success stories	who beat it
Can't do what you want	Accepted it	Looking forward	Need incentive to fight	Other cancer patients
Not caring	Another day	Relax	Positive twist	Everybody is different
Death/funerals	Maintaining	Work	Means a lot	Fighting well
When MD is not	Whole life changed	Building	My best shot	Others routing for you
positive	No problem	Staying healthy	Counting down	Have beaten it
Get affairs in order	Back of my mind	Family	Routing for you	

Table 2. Continued

Confronting the Negative	**Acceptance of the present**	**Looking toward the future**	**Appreciating the positive**	**Support from within and without**
Your mind/evil thoughts Nurses not having time to talk Depressed Want to be healthy	Feelings New normal life	Purpose I hope to get out Hope for energy Hopefully Going to make it New pill Remission Beat this thing Tests will improve Normal It's gone Fun to work Being able Pretty easy to cure	Stay positive	Usually have a positive outlook Prayer Subconscious mind Thankful Not afraid

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